

# MMA Part D Quick Reference Guide

MEDICARE STATUS CODES	
Digit	Value
1 <sup>st</sup>	Part A (Hospital)
2 <sup>nd</sup>	Part B (Medical)
3 <sup>rd</sup>	Part D (Prescription Drug)

**NOTE:** Medicare Part A and/or Part B eligibility is a requirement for Medicare Part D eligibility. It is not possible for a beneficiary to have Medicare Part D coverage only.

MEDICARE STATUS CODE VALUES (PARTS A, B, & D)			
Value	Part A (Hospital)	Part B (Medical)	Part D (Prescription Drug)
<i>blank</i>	<b>NOT ELIGIBLE</b> No Medicare Entitlement	<b>NOT ELIGIBLE</b> No Medicare Entitlement	<b>NOT ELIGIBLE</b> No Medicare Entitlement
<b>0</b>	<b>NOT ELIGIBLE</b> Not entitled to Medicare Part A in reported month	<b>NOT ELIGIBLE</b> Not entitled to Medicare Part B in reported month	<b>NOT ELIGIBLE</b> Beneficiary is eligible for Medi-Cal but not eligible for Medicare Part D drug benefits. Beneficiary is not included in MMA Enrollment File – Part D eligibility unknown.
<b>1</b>	<b>ELIGIBLE</b> Medicare Part A paid for by Beneficiary	<b>ELIGIBLE</b> Medicare Part B paid for by Beneficiary	<b>ELIGIBLE</b> Approved Low Income Subsidy (LIS) Status
<b>2</b>	<b>ELIGIBLE</b> Medicare Part A paid for by the State of California	<b>ELIGIBLE</b> Medicare Part B paid for by the State of California	<b>ELIGIBLE</b> Beneficiary is eligible for Medi-Cal but not eligible for Medi-Cal payment of Medicare Part D formulary drugs.
<b>3</b>	<b>ELIGIBLE</b> Beneficiary entitled to free Medicare Part A	<b>N/A</b>	<b>ELIGIBLE</b> Medicare Savings Program Eligible Beneficiary Deemed LIS Eligible
<b>4</b>	<b>N/A</b>	<b>ELIGIBLE</b> Medicare Part B paid for by State other than California	<b>N/A</b>
<b>5</b>	<b>ELIGIBLE</b> Medicare Part A paid for by Pension Fund	<b>ELIGIBLE</b> Medicare Part B paid for by Pension Fund	<b>N/A</b>
<b>7</b>	<b>(Presumed) ELIGIBLE</b> Cost Avoidance reported – State pays Part A premium	<b>(Presumed) ELIGIBLE</b> Cost Avoidance reported – State pays Part B premium	<b>(Presumed) ELIGIBLE</b> Cost Avoidance reported for Medicare Part D formulary drugs
<b>9</b>	<b>NOT ELIGIBLE</b> Aged alien ineligible for Medicare Part A	<b>NOT ELIGIBLE</b> Aged alien ineligible for Medicare Part B	<b>ELIGIBLE</b> Beneficiary is eligible for Part A or B and has refused Part D. No prescription benefit under Medi-Cal for Medicare Part D formulary drugs.

**Note:** Medicare Status Values "6" and "8" (for Parts A & B) have been removed because they are no longer valid values.

SCOPE OF COVERAGE VALUES (HEALTH INFORMATION SYS.)	
Code	Service
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Medi-Cal Prescription Drugs
R	Medicare Part D Prescription Drugs
V	Vision Care

**NOTE:** If coverage is unknown, OHC is regarded as comprehensive. Provider must bill OHC carrier for all services.

OTHER HEALTH COVERAGE (OHC) VALUES	
Code	Service
<b>Pay and Chase OHC/ Post Payment Recovery</b>	
A	Any carrier (includes multiple coverage)
<b>Cost Avoidance OHC</b>	
C	Champus Prime HMO
D	Medicare Part D
F	Medicare RISK HMO
K	Kaiser
L	Dental only policies
P	PHP/HMOs & EPO (Exclusive Provider Option) not otherwise specified
V	Any carrier (other than the above; includes multiple coverage)
9	Healthy Families
<b>Other OHC Related Codes</b>	
N	None
O	Override – used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) – changes OHC to A